

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/581,223  
APPLICATION

601 / 000 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5	1						55						
6	1	1					56						
7		1					57						
8		1					58						
9		1	1				59						
10	1		1	1			60						
11		1					61						
12		1					62						
13		1					63						
14		4					64						
15		4	1				65						
16		4	4				66						
17	1						67						
18		4	1				68						
19		4	1				69						
20		4	1				70						
21		4	1				71						
22		4	1				72						
23		4	1				73						
24		4	1				74						
25		4	1				75						
26		4	1				76						
27		4	1				77						
28		4	1				78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	31						TOTAL DEP.						
TOTAL CLAMDS	35						TOTAL CLAMDS						

BEST AVAILABLE COPY